

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003193

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 291  
FILED JAN 10 1962

Primary Registration District No. Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		c. CITY OR TOWN Unionville	
Length of stay in 1b 60 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 120 N. 18th. Street		d. STREET ADDRESS (If outside, give location) 120 N. 18th. Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Emmett Donaldson		4. DATE OF DEATH Month Day Year January 1 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-1876
9. AGE (last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barbershop Owner	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barbershop Owner		10b. KIND OF BUSINESS OR INDUSTRY Barber	
11. BIRTHPLACE (City and state or country) Downing Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Freed Donaldson		13b. MOTHER'S MAIDEN NAME Hannah M. Hope	
14. NAME OF HUSBAND OR WIFE Mary Donaldson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address 7 A Mrs Mary Donaldson 120 N. 18th. St. Unionville Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic degenerative myocarditis with arteriosclerosis &amp; hypertension</i> DUE TO (b) <i>Chronic degenerative myocarditis with arteriosclerosis &amp; hypertension</i> DUE TO (c) <i>Senility</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senility</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Unionville, Mo.		20g. COUNTY Putnam	
20h. STATE Missouri		20i. DATE OF DEATH Jan 1 - 62	
21. I attended the deceased from Dec 20th 61 to Jan 1 - 62 and last saw him alive on Jan 1 - 62 Death occurred at 12:25 A. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles L. Judd Jr		22b. ADDRESS Unionville, Mo.	
22c. DATE SIGNED 1-2-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan. 7 1962		23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	
23d. LOCATION (City, town, or county) Unionville, Mo.		23e. STATE Missouri	
24. FUNERAL DIRECTOR Comstock Funeral Home BY C. W. Comstock		25. DATE RECD. BY LOCAL REG. 1-2-62	
26. REGISTRAR'S SIGNATURE Marvell Turbin		27. ADDRESS Unionville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. Cornstock

Licensed Embalmer No. 4197

P. O. Address Unionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.